

ADA Accommodation Request

Case No. (if any) _____

1.

| | | |
|---|------------------------|---------|
| Name of Person Requesting Accommodation | | Address |
| Telephone/TTY Number | Date Request Submitted | |

2. The person who needs the accommodation is a:

- ☐ party ☐ witness ☐ juror ☐ attorney
☐ other: _____

3. The accommodation will be needed:

- ☐ on (date) _____ at (time) _____ ☐ a.m. ☐ p.m.
☐ for all proceedings related to this case.

4. The accommodation needed is:

- ☐ Wheelchair space
☐ American Sign Language (ASL) interpreter(s): _____
☐ Other sign language interpreter(s) (specify): _____
☐ Oral interpreter
☐ Realtime (videotext) translation
☐ Assistive listening device
☐ Large print/enlarged materials
☐ Breaks for medical reasons (state reason/frequency): _____
☐ Other (specify): _____

(Complete the following, if different from number 1 above.)

5. Name of person completing this request: _____

Telephone/TTY Number: _____

Mailing Address: _____

APPROVAL

- ☐ This accommodation request is approved.
☐ This accommodation request is denied because: _____

BY:

Court Official/ADA Coordinator_____
Name Printed or Typed_____
Date

Distribution:

1. Judge
2. Clerk of Court
3. Counsel/party
4. Other: